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 BY: OLWR

Form: OLWR-SWR-1A

Well / Borehole Data

Date drilling started: 4-7-08
 Date drilling completed: 4-7-08
 Hole depth: 80'
 Hole diameter: 8"

Location of the source of any surface water used for drilling and development:
 Method of dosing and volume of Chlorine used in drilling and development:
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
 Name of organization running log(s):
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe):
 If a flowing well, method of flow regulation: Valve Other (describe):
 Static Water Level: 24'
 Date measured: 4-7-08
 Method of Measurement (circle one): steel tape electric tape air line other:
 Well depth: 80'
 Well grouted to a depth of 10'
 Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70'
 Casing diameter: 4"
 Type of casing: PVC
 Screen length: 10'
 Screen diameter: 4"
 Type of screen: PVC
 Screen slot size: inches 20'
 Setting depth: From feet to 80'
 Type of completion (circle all applicable): Gravel packed Underrammed Telescoped Open hole Natural Development
 Other (describe):
 Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Gene Morgan
 Mailing Address: Hayes Rd
 City: Gibbsburg MS
 State: MS
 Zip Code: _____
 Telephone No. () _____

Well or Borehole Location

Latitude: 31° 3' 24.7" Longitude: 90° 38' 57.3"
 Method of Lat/Long (circle one): Conventional Survey, 57
 USGS quad, Hand-held GPS, Survey-grade GPS
 NE 1/4 NE 1/4 Sec 18 Twn 14 N Rng 6 E
 Direction of Nearest Town
 Distance _____ Miles
 of _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

For Office Use Only:

Acquirer: U-96
 Well #: U-96
 L. S. Elevation: _____
 E-log #: _____

State Well Report
 Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

Permit #: _____
 Driller: Fitzgerald Will Server
 Date drilling completed: 4-7-08
 County: Hinds

BY: OLWR

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Form: OLWR-SWR-1B

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): Brad Fitzgerald 029

Signature of Pump Installer: Brad Fitzgerald

<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u></p> <p>Circle one</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ feet after _____ hours of pumping</p>
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<p>Pump Type</p> <p>Circle one</p> <p>Submersible _____</p> <p>Jet _____</p> <p>Piston _____</p> <p>Turbine _____</p> <p>Flowing Well _____</p> <p>Centrifugal _____</p> <p>Rotary _____</p> <p>Bucket _____</p> <p>Air Lift _____</p>	<p>Power Type</p> <p>Circle one</p> <p>Diesel Engine _____</p> <p>Gasoline Engine _____</p> <p>Natural Gas _____</p> <p>Electric Motor _____</p> <p>Hand _____</p> <p>Tractor PTO _____</p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>50</u> feet</p> <p>Number of Stages: <u>12</u></p>
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<p>Well Owner Information</p> <p>Owner Name: <u>Gene Morgan</u></p> <p>Mailing Address: <u>Hays Rd.</u></p> <p>City: <u>Gilburg MS</u></p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Telephone No. (____) _____</p>	<p>Well Location</p> <p>Latitude: <u>31° 3' 24.7"</u> Longitude: <u>90° 38' 52.3"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS</p> <p>USGS quad _____</p> <p>Distance _____ Miles</p> <p>Direction _____</p> <p>Nearest Town _____</p> <p>_____ of _____</p>
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This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Copy information from block on Part 1

County: Amite

Permit #: _____

Driller: Brad Fitzgerald

Date completed: 4-7-08

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 10631

Jackson, MS 39289-0631

(601)961-5210

(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: U-96

Elevation: _____

STATE WELL REPORT